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JUN 29 2006

**SCULLY, SCOTT, MURPHY
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Fax

To: Examiner Matthew John Kasztejna Art Unit: 3739	From: Thomas Spinelli, Esq. Registration No.: 39,533
Fax: 571-273-8300	Pages: 12
Phone: 571-272-6086	Date: June 29, 2006
Re: USSN: 10/721,518 Our Docket: 17280	CC:

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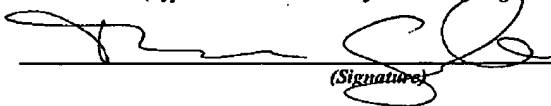
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Applicants: Koji Yamaya, et al.
Serial No.: 10/721,518
For: ENDOSCOPE APPARATUS
Filed: November 25, 2003
Docket: 17280
Dated: June 29, 2006
TS:cm

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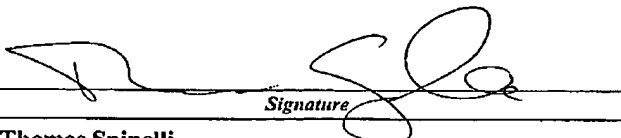
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Koji Yamaya, et al.			Docket No. 17280	
Application No. 10/721,518	Filing Date November 25, 2003	Examiner Matthew John Kasztejna	Group Art Unit 3739	
Invention: ENDOSCOPE APPARATUS				
Confirmation No.: 5316				
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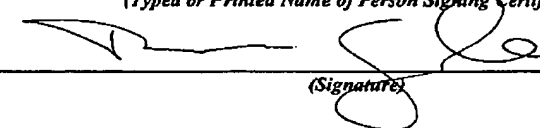
P18/REV02

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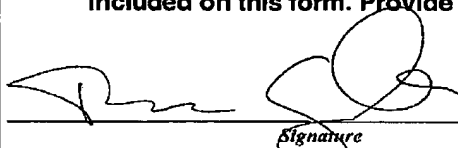
AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17280	
Applicant(s): Koji Yamaya, et al.						
Application No. 10/721,518	Filing Date November 25, 2003	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5316	
Invention: ENDOSCOPE APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 17280
Applicant(s): Koji Yamaya, et al.			
Application No. 10/721,518	Filing Date November 25, 2003	Examiner Matthew John Kasztejna	Group Art Unit 3739
Invention: ENDOSCOPE APPARATUS			
Confirmation No.: 5316			
<p>I hereby certify that this <u>RESPONSE and TERMINAL DISCLAIMER</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 29, 2006</u> (Date)</p> <p><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p>			
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JUN 29 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17280	
Applicant(s): Koji Yamaya, et al.						
Application No. 10/721,518	Filing Date November 25, 2003	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5316	
Invention: ENDOSCOPE APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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